EDITORIALS

A BICENTENNIAL EDITORIAL

Quality of Life— A New National Purpose?

So FAR there is a curious awkwardness about this bicentennial year. There is remarkably little interest in celebration. Rather as a nation we seem not quite satisfied with what we have accomplished, with where we are or where we are going. We appear to be drifting. Our system does not seem to be working as well as it did, or we thought it did. Many of the social and cultural institutions which have been the fabric for America's greatness seem somehow unable to cope as effectively with today's problems. This surely portends some kind of change. But there is no sense of hopelessness or despair. Rather the contrary. In the midst of all the confusion of unsolved problems a bold new idea seems to be emerging. There is growing talk of something called quality of life, and of making this something available to every person. Quality of life for everyone is a stirring idea and surely one of a grandeur to match the vision of the forefathers who founded this great nation. It could become a new national purpose worthy of our national heritage. But how is quality of life for all even conceivable, what is meant by it and how could it ever be brought about?

It is conceivable first because it is a dream and dreams can be made to come true. But it is also conceivable because of certain facts in the life of present day America. Quality of life first assumes that certain basic material needs have been met. We still have poverty, but the fact is that America has succeeded in meeting the basic material needs of most of its citizens, and many Americans have begun to have a taste of what has been called future abundance. We take this quite for granted and tend to forget that it is actually something quite new in the world. Then there are unmistakable signs that a new humanism has appeared on the American scene, a new and apparently genuine concern with one's fellowman, particularly with those who have been deprived or repressed for one reason or another, whether here or elsewhere in the world, and this can only be significant. There is a new awareness and deep concern with the long-range bioecological viability of the environment—local, national and worldwide. In another dimension a new social, economic and political interdependence among people is becoming clearly evident everywhere modern technology has been applied to any significant degree. Facts such as these foreshadow change and the possibility, perhaps even the inevitability, of a new era when cooperation rather than competition will be the necessary order of the day, and where something like quality of life available to everyone can be a rational goal to be aggressively pursued.

But what is meant by quality of life? Certainly we mean quality of life for people. This obviously must involve such individual things as heredity, cultural background, physical and emotional maturation, and personal fulfillment—while respecting the right of others to the same. It must also include a satisfactory personal lifelong interaction with a complex environment. And the quality of this environment must be adequate for the needs of each individual person and of the species—and for the long-term survival and development of humankind. Thus, the social, economic and political interdependence among human beings will need to be recognized as part and parcel of quality of life. This interdependence will need to become a framework within which cooperation will gradually gain ascendancy over competition as the dominant mode of human interaction. And it seems likely that the commonalities among all people—such as human needs, capacity for communication, response potentials and even a common basis for morality—can become the pathways for this necessary human interaction and cooperation within this framework of human interdependence. The concept will have to be developed and will require study, refinement and action of one sort or another if the idea of quality of life available to every person is ever to take on practical meaning.

America has certainly led the world in being able to meet most of the material needs of its citizens. This goal, worked toward for so long, has only recently been essentially achieved, and the nation now seems to be questioning itself, its pur-

poses and its institutions and their effectiveness. There is a clear sense that something seems to be wrong with America, that we are not quite sure what is wrong or what to do about it. But could it be that rather than having failed or lost our touch, we have simply completed a first phase of our destiny and, at this bicentennial moment in our history, are in the process of disassembling much that is no longer needed or useful, and are actually in a transitional phase between a dynamic past and a new dynamic future? And might it be that trying to make quality of life available for all people is to be our pacesetting goal for the future? It is an idea that seems just as visionary and just as worthy of America today and for the era that lies ahead of us now as was the vision of the founding fathers for the era that lay ahead of them two hundred years ago. And it will take leadership and energy in the same sort of grand dimensions to accomplish it. But it could become the national purpose for which we seem to be groping.

One wonders what might be the role of medicine. Obviously quality of life is something physicians seek for their patients. But beyond this, what other profession is any closer to the concept and meaning of quality of life—which is so intimately linked to the physical, mental and, yes, the social well-being of every person? It would seem that medicine could and perhaps should prepare itself for a role of leadership, a role of physician to a society groping for a new purpose in what is already becoming a new era for mankind in world history.

—MSMW

Congenital Dislocation of the Hip—Then and Now

As Elmer Specht notes in his Medical Progress article elsewhere in this issue, congenital dislocation of the hip is an affliction as old as man himself. It was recognized in ancient Egypt, Greece and Rome by physicians as a specific skeletal abnormality but one which was usually painless and of relatively low morbidity.

Before 1880, when Buckminster Brown, Professor of Orthopaedic Surgery at Harvard, attempted to reduce a congenital dislocated hip, the condition was considered incurable. Infant girls are affected at least eight times more frequently than infant boys and in one child out of 1,000 born in the United States, one or both hips are dislocated. Despite much theory, argument and conjecture, the cause remains unknown.

During the past century, much has been written about the pathological anatomy, the physical signs, the incidence in certain ethnic groups, the nature of inheritance and the type of treatment indicated in specific age groups. Between 1880 and 1950, physicians emphasized manipulative reduction after the techniques of Lorenz, Davis, and Denucé, but they failed to understand the delicate nature of epiphyseal cartilage and its circulation so that many hips were reduced but with sufficient force to permanently impair further normal development of the joint.

The last quarter century has seen vast changes for the better in the treatment of this common congenital abnormality. Careful orthopaedic examination of newborns has taught physicians that absence of the normal neonatal flexion contracture of the hip and contracture of the adductor tendons in the groin strongly suggest the diagnosis which can be confirmed by appropriate radiographs, even in a neonate.

Infants under 1 year of age can be treated with a simple pillow-splint to hold the legs abducted at the hips. Use of this type splint, in addition to exercises supervised by the mother, will result in a very high percentage of excellent results. A child with a shallow acetabulum, a so-called dysplasia, will also respond quickly to such simple therapy. Closed gentle manipulative reduction under general anesthesia combined at times with adductor and iliopsoas tenotomy will yield excellent hips in 80 percent of children under the age of 3.

Because of the small size of anatomic structures involved and because of the occasional poor differentiation of tissues about the hip, open surgical reduction is not advised in a patient under the age of 3. After age 3, open reduction is indicated because of the contracture of tissues about the hip, because of constrictions in joint capsule and because of the development of intraarticular soft parts which prevent accurate reduction by closed methods. The emphasis again is upon gentle replacement of the femoral head into acetabulum